

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3-26-05</u>		2 Serial/Patent # <u>10</u> <u>518924</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other			\$ 100.00							
		7 TOTAL AMOUNT OF REFUND		\$ 100.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		Treasury Check									
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:									
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>4</td><td>--</td><td>1</td><td>2</td><td>7</td><td>0</td></tr> </table>			1	4	--	1	2	7	0
1	4	--	1	2	7	0					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>[Signature]</u>		TITLE: <u>POB/KM</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>202-9140 2201</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: